Eating Disorders in Children and Adolescents

Rachel Dawson, DO, MPH, FSAHM, FAAP

This issue of Pediatric Annals addresses the various aspects of care for children and adolescents with eating disorders. When a child or an adolescent patient presents to a primary care provider with the possibility of an eating disorder, it can be daunting; providers may feel overwhelmed with the nuances of caring for a patient with a complex condition. This issue will break down some of the barriers associated with caring for a patient with an eating disorder in the primary care setting, helping providers feel more comfortable with the initial steps in identifying these patients as well as beginning the testing that is necessary.

The article, “Identifying and Preventing Eating Disorders in Adolescent Patients with Obesity,” by Drs. Sharonda Alston Taylor, Sarah Ditch, and Shana Hansen is an excellent present-day resource because obesity or being overweight is more of the norm in society rather than the exception. Pediatric providers should be sure to balance discussions about healthy lifestyle without stigmatizing children and adolescents, which could lead to an eventual eating disorder.

Next, the article, “Medical Complications of Eating Disorders in Pediatric Patients,” by Drs. Maria C. Monge and Miranda Loh gives providers clear guidance on what to look for in terms of physical and metabolic derangements that may be life-threatening and need to be addressed. Often, patients present with eating disorder signs and symptoms; therefore, pediatric professionals need to be keenly aware to properly diagnose so treatment can commence.

The article, “Diagnosis and Evaluation of Eating Disorders in the Pediatric Patient,” by Drs. Briana Sacco and Urszula Kelley presents the most recent diagnostic criteria for eating disorders. A range of potential disorders are discussed with screening tools suggested as possible options for the primary care provider. Finally, in the article, “Effective Treatment of Pediatric Eating Disorders,” by Ashley Ariail, Elizabeth Carpenter, Twyala Smith, and Dr. Sacco present effective treatment strategies and a multidisciplinary approach to conquering this difficult condition. This will help providers begin appropriate conversations with families about how the family-centered approach works, and how to take the focus off the actual weight number. Pediatric professionals need to remember that eating disorders are a mental health condition; therefore, it is important to avoid weight talk and focus rather on health, self-esteem, and body satisfaction.

Some of the eating disorders that have been identified include anorexia nervosa (AN), bulimia nervosa (BN), binge-eating disorder, and avoidant restrictive food intake disorder. The prevalence of AN is 0.9% in women and 0.3% in men. BN has a prevalence of 1.5% in women and 0.5% in men. We know that the onset of AN is mid-adolescence, and for BN is late adolescence. However, most patients report body image concerns and disordered eating before adolescence.

Unfortunately, eating disorders have the highest mortality rate of any mental illness. Over one-half of teenage girls and nearly one-third of teenage boys use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting, and taking laxatives. There are 42% of first through third graders who want to be thinner, and 81% of 10-year-old girls who are afraid of becoming fat.

In a Centers for Disease Control and Prevention survey regarding methods of weight loss, 5% indicated that they took diet pills without a doctor’s advice in the past 30 days, 4.4% vomited or took laxatives to lose weight or keep from gaining weight, and 13% did not eat for 24 or more hours in the past 30 days to lose weight or to keep from gaining weight. This survey also reported on obesity and level of activity: 13.7% were obese and 16.6% were overweight; 15% did not participate in 60 minutes of physical activity in the past week; 41.3% played video games or were on their computer 3 or more hours per day; and 32.5% watched 3 or more hours of television per day.
The following signs may help identify a child with an eating disorder: eating in secret, preoccupation with food, calorie counting, fear of becoming fat, binge eating, purging, and food phobias or avoidance. If a child or adolescent is demonstrating concerning eating behaviors, such as anxiety around food and eating, depression, irritability and sudden mood changes, they should be evaluated. Other behaviors to look for include obsessing about calories, cutting out whole groups of food, refusing to eat in front of others, and rapidly dropping weight or failing to meet weight gain requirements for developmental stage.

In summary, eating disorders are real and can be seen in children who are both overweight and obese. Pediatricians and parents should be mindful of how the discussion of healthy eating and exercise is presented to children and adolescents so that disordered-eating behaviors can be avoided. Focusing on positive reinforcement for healthy behavioral changes is the key to long-lasting healthy weight management and it helps prevent stigmatizing children and adolescents for their weight, which can cause low self-esteem and mental health concerns.

**REFERENCES**


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Rachel Dawson, DO, MPH, FSAHM, FAAP, is originally from Brazil and completed her medical degree at Nova Southeastern University in Fort Lauderdale, FL. While in medical school, she joined the military and completed her pediatric residency at Walter Reed Army Medical Center in Washington, DC, subsequently completing her fellowship in adolescent medicine at Brooke Army Medical Center in San Antonio, TX. She served one tour in Iraq and was the last doctor to leave in 2011 during the drawdown of troops. Dr. Dawson has completed numerous mission trips to countries such as Honduras, Belize, Nicaragua, and Mexico.

Dr. Dawson has extensive experience with immunization advocacy and education. She served as the Chief of Adolescent Medicine Services at Carl R. Darnall Army Medical Center at Ft. Hood, improving the health of adolescents in the military community by instituting new measures related to confidentiality and reproductive health for teens, as well as, improving immunizations rates in the adolescent population. She served as a Shot@Life Global Vaccine Advocacy Champion where she trained other physician advocates and met with United States Senators and members of Congress to address global vaccine efforts.

Since 2014, Dr. Dawson has managed multiple grant awards to promote adolescent immunization and patient-centered medical homes through community-school partnerships. She sits on numerous committees to include past service as member-at-large for the Uniformed Services West Chapter of the American Academy of Pediatrics, member of the vaccine subcommittee and advocacy committee for the Society for Adolescent Health and Medicine, member of the Texas Pediatric Society Infectious Disease Committee, and has served as the secretary-treasurer of the Texas Chapter of the Society for Adolescent Health and Medicine. Dr. Dawson has authored numerous articles on adolescent-related topics and has been the keynote speaker at conferences and Grand Round Lectures on topics such as mental health, reproductive health, and vaccines.

Address correspondence to Rachel Dawson, DO, MPH, FSAHM, FAAP, via email at rachel.dawson@merck.com.